# Physician Recruitment Agency of Saskatchewan

# Annual Report for 2014-15

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Government of Saskatchewan

**Mission**
Our mission is to promote and support an environment that attracts and retains the physicians Saskatchewan requires. We do this by:

- Promoting Saskatchewan as a province of choice in which to practice;
- Coordinating and supporting organizations that recruit physicians;
- Serving as a point of contact for physicians seeking recruitment;
- Recruiting, screening, advising, assisting and matching potential physician candidates;
- Creating a more efficient recruitment environment that lessens competition among recruiting organizations;
- Collaborating with regional health authorities, communities, physicians and medical graduates to develop sustainable recruitment and retention in the province;
- Promoting and supporting effective policies; and,
- Helping Saskatchewan medical graduates pursue careers in the province.

**Vision**
We put patients first by making Saskatchewan a preferred choice for physicians. This vision encompasses several ideals that include:

- An appropriate supply, mix and distribution of physicians to ensure a stable, professional community;
- A sustainable recruitment and retention model that is effective, collaborative and easily accessed; and,
- Saskatchewan medical graduates pursuing their careers in the province.

**Values**
Our primary values are: collaboration, integrity and putting patients first.

- Collaboration means engaging physicians, health regions, communities and medical graduates in an open and supportive environment. Collaboration also means building and maintaining relationships and partnerships with key stakeholders provincially, nationally and internationally;

- Integrity means encouraging and practicing the highest standards of professional and ethical behavior, and operating in a manner that promotes quality and safety; and,

- Putting patients first means measuring success by our impact on the health of Saskatchewan people.

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# Letters of Transmittal

Her Honour, the Honourable Vaughn Solomon Schofield,

Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of the Physician Recruitment Agency of Saskatchewan/Health Careers in Saskatchewan for the fiscal year ending March 31, 2015.

Honourable Dustin Duncan
Minister of Health

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The Honourable Dustin Duncan

Minister of Health

I have the honour of submitting the Annual Report of the Physician Recruitment Agency of Saskatchewan/Health Careers in Saskatchewan for the fiscal year ending March 31, 2015.

Karen Lautsch
Assistant Deputy Minister of Health and Board Chair

# A Message from the CEO

Since commencing service as CEO of the Physician Recruitment Agency in September 2014, I've been privileged to work with a committed Board and a very talented team.

Together with our system partners we are creating a stable healthcare workforce devoted to the care of people across this province.

As I reviewed the work this past year I saw much to celebrate. Building upon a solid foundation, I have challenged my team and our system partners to identify and seize opportunities for continual improvement.

One of the first things I did after becoming CEO was attend two Rapid Process Improvement Workshops. One focused on improved physician recruitment strategies, while the other focused on improved physician community settlement. The hope is that more consistent physician settlement will enhance our long term retention. We continue to collaborate with our partners to implement the recommendations that emerged from both workshops. I am confident that this collaborative work will optimize alignment between physicians entering our workforce and the needs of the communities they will serve.

The growth in domestic medical education capacity across Canada is diminishing our dependency upon internationally educated physicians to meet our workforce needs. While we must sustain our capacity to evaluate internationally educated physicians, I have strongly encouraged our system partners to regard the University of Saskatchewan medical residency programs as the starting point for all future physician recruitment. Locally educated physicians are most likely to sink deep roots in our communities and serve the citizens of this province throughout their careers.

The greatest opportunity and challenge I've encountered since becoming CEO is that of balancing and integrating physician recruitment/retention with the recruitment and retention of all other health system personnel. Our management of Health Careers in Saskatchewan on a full time basis is welcome news as it creates an opportunity to develop and sustain a vibrant healthcare workforce in a more inclusive and integrated way. So much of the care that people need is best delivered by integrated inter-disciplinary care teams.

I am acutely aware that the success of this agency depends almost entirely upon its capacity to build and sustain respectful and productive working relationships. I'm encouraged by the strong commitment from my fellow CEOs to "think and act as one" in the course of all we do collectively to meet the healthcare needs of all of our citizens. If we continue to honour this principle, I believe we can and will sustain a workforce that functions as a cohesive team.

Dr. Dennis Kendel, CEO

## Introduction

This annual report outlines the activities, milestones and accomplishments of both the Physician Recruitment Agency of Saskatchewan (PRAS), which is also known as saskdocs and Health Careers in Saskatchewan (HCIS) for the fiscal year ending March 31, 2015.

The 2014-15 Annual Report provides an opportunity to assess the Agency's accomplishments, results and lessons learned over the course of its activities. It identifies how to build on successes that benefit both agencies and the people of Saskatchewan.

The report has been prepared in consultation with staff, board members and the HCIS Advisory Committee, all of whom were involved in the development of a combined strategic plan.

The PRAS assumed responsibility for the ownership and operation of HCIS beginning in January 2014. Streamlining recruitment efforts allows recruiters to not only recruit physicians to Saskatchewan, but other members of the health workforce. The combined activities of both agencies have been incorporated into one strategic plan that was developed using Hoshin Kanri (Lean) methodology.

The annual report demonstrates a commitment to effective public performance reporting, transparency and accountability to the public.

## Alignment with Strategic Direction

The combined activities of both PRAS and HCIS align closely with their strategic plans.

Elements of each plan focus not only on the recruitment and retention of physicians, but also on the health care professionals that make up health care teams. These workers support the collaborative model of care currently being used throughout Saskatchewan.

The five broad outcomes (referred to in Lean methodology as A3's) of the plans are:

1. Meeting the needs of Saskatchewan's health care workforce;
2. Improving physician retention in Saskatchewan;
3. Building upon our relationship with the University of Saskatchewan's (U of S) College of Medicine;
4. Meeting the needs of Saskatchewan's physician workforce;
5. Communicating effectively with our stakeholders.

While extensive work was conducted on developing these A3's, it is important to note that priorities and external influences may cause elements of them to change over time.

The following pages provide a summary on the progress the Agencies have made on each A3 over the past fiscal year.

## Overview

The Agency is governed by a ten member Board of Directors, each of whom is appointed through an Order in Council.

There were two appointments made to PRAS' Board of Directors during the 2014-15 fiscal year due to the resignation of two members. Max Hendricks (Chair) was replaced by Karen Lautsch (Assistant Deputy Minister of Health), and Nicole Longmuir replaced Paule Bertholet as a representative of the Student Medical Society of Saskatchewan (SMSS). Both will serve for a term not to exceed three years from the date of the appointment.

The remaining board members continue to serve on the Agency's governance body.

The names of each individual Board member are listed below, each indicating the interest group they represent. The numbers in parentheses beside each board member's name represent the number of board meetings each member attended in the 2014-15 fiscal year. A total of five board meetings were held during the 2014-15 fiscal year.

1) Karen Lautsch, Assistant Deputy Minister*
   Representing: Ministry of Health
   Position on Board: Chair (1)

2) David Fan, CEO, Prairie North Regional Health Authority
   Representing: Health Regions
   Position on Board: Vice-Chair (5)

3) Mike Strachan, Mayor of Torquay
   Representing: Saskatchewan Urban Municipalities Association (SUMA)
   Position on Board: Director (2)

4) Alastair MacFadden, Assistant Deputy Minister
   Representing: Ministry of the Economy
   Position on Board: Director (5)

5) Doug Steele, Division 3 Director
   Representing: Saskatchewan Association of Rural Municipalities (SARM)
   Position on Board: Director (2)

6) Jay Meyer, Executive Director, Saskatchewan Association of Rural Municipalities
   Representing: Public
   Position on Board: Director (3)

7) Dr. Tom Smith-Windsor, Associate Dean, University of Saskatchewan's College of Medicine
   Representing: College of Medicine
   Position on Board: Director (5)

8) Dr. Nikki Rewuski
   Representing: Professional Association of Internes and Residents of Saskatchewan (PAIRS)
   Position on Board: Director (1)

9) Paule Bertholet*
   Representing: Student Medical Society of Saskatchewan (SMSS)
   Position on Board: Director (1)

10) Dr. Lise Morin, Physician
    Representing: Saskatchewan Medical Association
    Position on Board: Director (4)

**Appointed December 18, 2014*

HCIS is supported by two staff members who work in close consultation with health care recruiters in each of the province's health regions and Saskatchewan Cancer Agency. The Board and staff receive guidance from a

nine member Advisory Committee represented by different organizations.

Committee members are listed below indicating the interest group they represent. The committee meets as required to provide strategic guidance.

1) Jay Meyer (Chair)
   Representing: PRAS' Board of Directors

2) Andy Churko, Director
   Ministry of Health
   Representing: Ministry of Health

3) Lynda Kushnir Pekrul, Dean
   Science & Health
   Saskatchewan Polytechnic
   Representing: Saskatchewan Polytechnic

4) Mary Ellen Andrews, Associate Dean, College of Nursing
   University of Saskatchewan
   Representing: University of Saskatchewan

5) Mike Higgins, Vice President
   Human Resources & Communications, Regina Qu'Appelle Health Region
   Representing: Regional Health Authorities

6) Lyle Bittman, Vice President
   Health Safety & Culture
   Kelsey Trail Health Region
   Representing: Regional Health Authorities

7) Richelle Jones, Director
   Recruitment & Retention
   Sun Country Health Region
   Representing: Health Region Recruiters

8) Wanda Ogle, Director
   Workforce Planning
   Five Hills Regional Health Authority
   Representing: Health Region Recruiters

9) Chase McCrae
   Health Sciences Students' Association
   Representing: Students

When the Physician Recruitment Agency of Saskatchewan was created (Order-In-Council No. 84/2010 on March 1, 2010) it responded to an acute need to expand Saskatchewan's physician workforce, particularly in rural and remote areas of the province. Since that time, the acute shortages have lessened in these areas; however, the recruitment of physicians in both rural and urban locations is still required to keep up with attrition and turnover. The situation in Saskatchewan is not unlike any other province in Canada; each region of the country has historically experienced physician shortages for many years. As a result, the reliance on internationally trained medical graduates (typically referred to as IMGs) has been high. Many practicing physicians in Saskatchewan are IMGs, while the percentage in rural areas is much higher.

Saskatchewan is fortunate to have a specific program that assesses IMGs over a short period, enabling them to practice medicine within a year of arriving. The Saskatchewan International Physician Practice Assessment (SIPPA) is managed by the U of S College of Medicine. The Agency assists with the program by screening potential applicants and providing reference checks. SIPPA has been very successful at assisting the province meet its physician workforce requirements.

In addition to working with our partners to recruit IMGs, the Agency also works closely with the health regions on recruiting and retaining Canadian Medical Graduates (CMGs), particularly those that graduate from the U of S College of Medicine. In an effort to ensure there's a return on the investment in medical education training, Saskatchewan has opted to include Return of Service (ROS) contracts for IMGs pursuing medical residency training in Saskatchewan. The Agency manages the ROS contracts on behalf of the Government of Saskatchewan to ensure medical residents and IMGs fulfill practice obligations to the province upon completion of their training.

Over the past fiscal year, the Agency assumed operations of Health Careers in Saskatchewan. In some cases, staff recruiters from the Agency and participating health regions have been able to recruit individuals and accompanying family members who may be employed in the health care profession as well.

While the Agency's combined recruitment activity has made substantial progress in meeting the health care needs of a growing province, work remains. Both agencies will continue their efforts to integrate more medical and health care profession graduates from our universities and technical schools into the workforce.
Agency staff will do this by:

- Recruiting with a health care team focus;
- One-on-one engagement with U of S medical trainees during their final year of residency;
- Working closely with the U of S Dean of Medicine to explore opportunities for PRAS and the College to enhance career planning opportunities;
- Working closely with the Saskatchewan Medical Association (SMA) on retention by collaborating on ways to improve the Agency's value to SMA members; and,
- Meeting directly with the CEO of each health region to find out what each region needs in terms of future physician and health care employee supply.

# Progress in 2014 - 15

### *A3 #1: Meeting the Needs of Saskatchewan's Health Care Workforce*

Saskatchewan's health care workforce is large, dynamic and complex. There are a number of partners involved to keep the workforce engaged and sustainable over the long term. HCIS worked with many of those partners to meet the needs of this workforce over the past year and will continue to do so.

We continued to build on our partnerships with the provincial health regions so we could help recruit nurses, therapists and other key members of primary care teams to the province. However, the demand is still there. The employment needs for these teams continued to be particularly high, especially in our rural and remote communities.

As a result, the agencies incorporated several action items into the 2013-2016 strategic plan, which, over the long term, will help Saskatchewan meet the needs of its collective health care workforce. These ten action items, and our progress on each of them, are listed in the following pages (1.1 -1.10).

**Action 1.1 – Collaborate with key stakeholders to identify workforce needs**

1) Staff consult closely with the Workforce Planning Branch – Ministry of Health on using health human resource planning to identify workforce needs and to promote opportunities to recruit at local and national recruitment events.

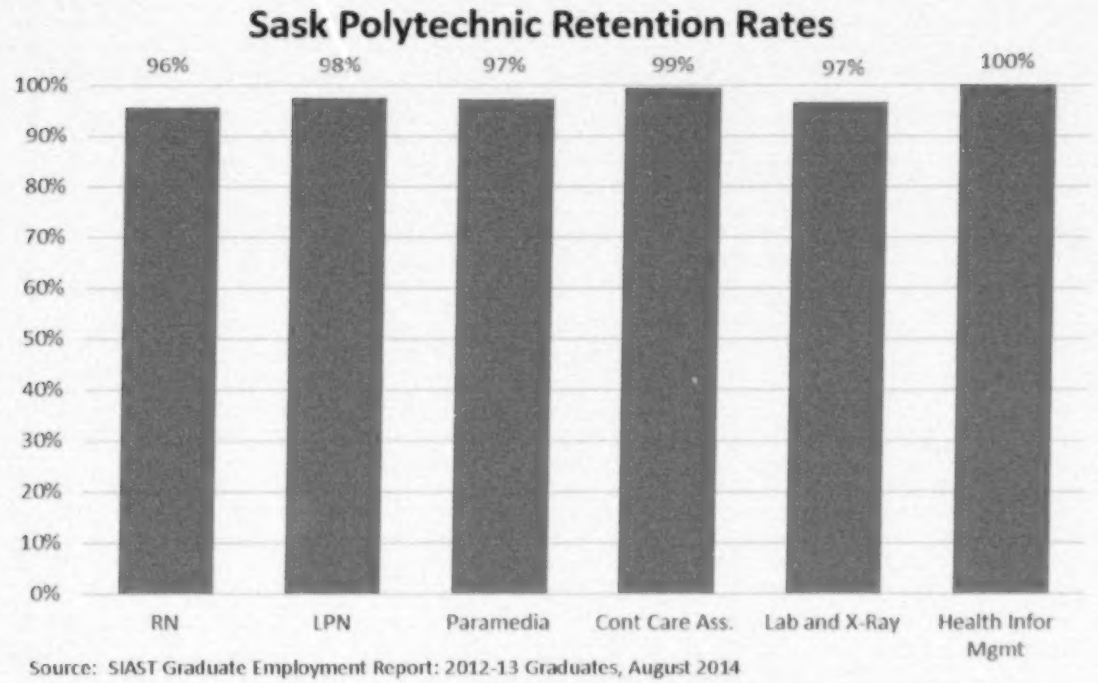
2) The CEO consults regularly with other health leaders throughout the province and keeps health leaders up to date on issues specifically related to the recruitment and retention of the provincial health care workforce.

**Action 1.2 – Develop and implement a plan to recruit and retain health care workers for hard to recruit positions**

1) Staff continue to work with provincial partners to forecast the types of health care recruitment needs over the next several years.

2) HCIS staff also work very closely with members of the HCIS Advisory Committee and other provincial health care recruiters to determine what types of health care professionals are needed, and how well we are doing at retaining them. While retention rates for certain professions remain high (as illustrated in Figure 1 on page 9), continual recruitment to these specific disciplines is required. Some of the "hard-to-recruit" professionals include therapists, registered nurses, nurse practitioners, medical sonographers and paramedics. HCIS manages a sustainable career fair attendance plan that focuses specifically on these positions and works closely with the regions to ensure each career fair is adequately staffed to meet the needs of the health care workforce.

Figure 1




Source: SIAST Graduate Employment Report: 2012-13 Graduates, August 2014

3) On the physician side, saskdocs is a member of the Canadian Association of Staff Physician Recruiters (CASPR). Membership in this organization gives the Agency an opportunity to network with physician recruiters in other provinces to share information, best practices and further professional development.

**Action 1.3 – Analyze retention efforts to determine areas for improvement**

1) Using Lean methodology, saskdocs leads a province-wide physician retention strategy. In November 2013, the Agency participated in a visioning session with community, government officials and numerous stakeholders that explored ways to streamline physician recruitment and retention in rural areas. Stakeholders developed a set of priorities specifically focusing on family physician orientation at the community level and the settlement and integration of physicians and their families into that community. These priorities were laid out in a Rapid Process Improvement Workshop (RPIW #42). When complete, this RPIW will standardize physician retention efforts across the province by eliminating duplication and maximizing efficiencies within the current system, which will help improve retention rates.

**Action 1.4 – Obtain new hire data from employers to evaluate recruitment efforts**

1) This data is necessary for HCIS to evaluate the impact of recruitment

initiatives. HCIS anticipates receiving this data in the 2015-16 fiscal year.

**Action 1.5 – Promote the development of a provincial recruiter network**

1) Agency staff members regularly meet with recruiters in each of the province's 12 health regions through the Regional Recruiter Network (RRN). This network has been operational for several years and has been successful at sharing best practices in recruitment, exploring ways to standardize and improve recruitment methods, and planning for upcoming career fair attendance.
2) HCIS recruiters have engaged with counterparts in the regions to establish a network similar to the RRN. Now that there is a foundation for these relationships to build upon, provincial representation at local, national and international recruitment events will be more efficiently coordinated.

**Action 1.6 – Automate the HCIS job feed to saskjobs.ca**

1) The Gateway Feed Project (an automatic job posting system that synchronizes regional health authority databases to the career section of the HCIS website, which in turn will populate health career postings on saskjobs.ca) is well underway. The technical requirements for this project have been met and the feed should be automated early in the next fiscal year.

**Action 1.7 Manage HCIS in close consultation with the steering committee**

1) HCIS staff and members of the steering committee meet, via teleconference, regularly and in person (as required) to discuss career fair opportunities and health care recruitment issues at the provincial level.

**Action 1.8 – Work with PRAS Board of Directors to discuss visioning options for two business lines**

1) Discussion on how the agency can operate with two business lines (HCIS and saskdocs) is in the very early stages. Board members will look at possible options on how to make the operation efficient and sustainable.

**Action 1.9 – Provide leadership with options to balance and deliver two business lines**

1) Members of the PRAS Board of Directors will have, at the outset, a revised vision, mission and mandate of the organization to consider at its first board meeting of the 2015-16 fiscal year. The revised statements will reflect the broader context of the Agency's previous recruitment and retention efforts, which focused solely on physicians.

**Action 1.10 – Develop and deliver potential business line strategy**

1) No formal work on a single business-line strategy was undertaken during the current fiscal year as any progress is entirely dependent on direction from the Board of Directors during the 2015-16 fiscal year.

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### *A3 #2: Improving Physician Retention in Saskatchewan*

While the successful recruitment of a physician to a region or community is a milestone, retaining that physician

requires a tremendous amount of work as well; work that would not be possible without the collaboration and teamwork of many partners. Fortunately, in Saskatchewan we have many people willing to work together, which has led to successful physician retention practices in many areas of the province

Efforts by volunteer recruitment committees, individuals, and partnering agencies and employers often feel the mission has been accomplished when a physician is recruited, only to find out that the physician has decided to move on, meaning the entire recruitment process has to start over again. This strategy is unsustainable, not only from a community's perspective, but from the employer's as well. Physician turnover leads to practices becoming unsustainable and succession planning impossible.

For these reasons, saskdocs has been working very closely with communities since its inception in 2010 to establish retention committees and share best practices to lower physician turnover rates, especially in rural and remote areas of the province.

Retention of our own physicians has lowered the physician turnover rate at the provincial level. Several action items are underway to keep physician retention at sustainable levels over the long term.

Progress toward each of our retention goals is provided in action items 2.1 – 2.9.

**Action 2.1 – Identify pilot sites to develop community retention models**

1) Further to our collective work on RPIW #42 (previously mentioned in Action Item #1.3), one retention pilot site has been selected to test the standardization process. Once the pilot site solidifies successful retention practices the process will be implemented in additional sites across the province.

**Action 2.2 – Assist communities with the establishment of physician retention committees**

1) saskdocs staff attended both the Saskatchewan Urban Municipalities Association (SUMA) and Saskatchewan Association of Rural Municipalities (SARM) conventions in 2015. Attending these events allowed staff to connect face-to-face with community leaders to talk about the benefits of forming volunteer committees, but also about how current committees can improve retention efforts.

   As of March 8, 2015, a total of 13 communities have received support from the Agency to establish physician retention committees.

**Action 2.3 – Conduct quarterly audits of pilot site(s)**

1) Since the first pilot site is only being developed, this action item will be carried forward to the next fiscal year.

**Action 2.4 – Host a provincial recruitment committee event**

1) The Agency hosted a regional recruitment event with Sun Country Health Region November 3, 2014.

2) Staff attended a physician retention workshop in Edmonton, Alberta on March 19, 2015 (hosted by Alberta's Rural Physician Action Plan – RPAP) to gain knowledge and tips on how to host a similar event here in

Saskatchewan where communities and retention committees can share information and best practices. A similar event is being planned for Saskatchewan during the next fiscal year

**Action 2.5 - Coordinate incentive information sharing with health regions**

1) Incentive information has been collected from each health region. Family physicians and specialists have shared and combined this information with the health regions. This information will assist saskdocs in its planning around the use of incentives as a recruitment tool over the course of the next fiscal year.

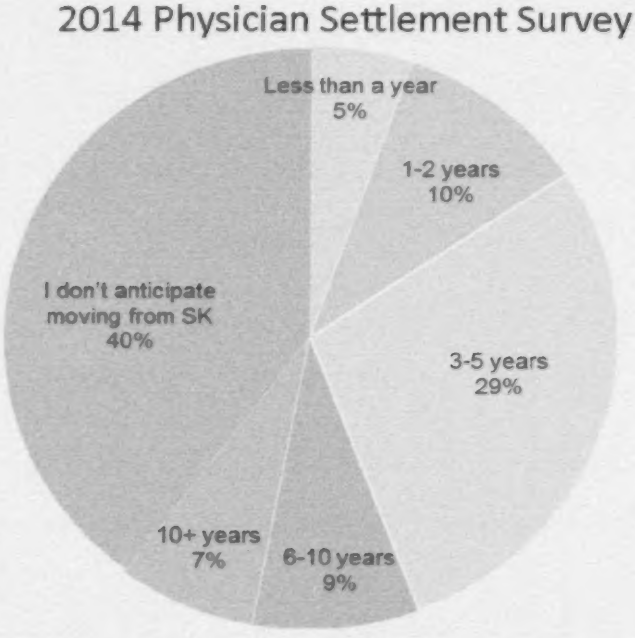
**Action 2.6 – Develop a communication strategy for community retention models**

1) A communication strategy was developed to introduce RPIW #42 and its value to all stakeholders. Once the pilot site proves that it is effective, a second strategy will be developed to further engage communities.

**Action 2.7 – Continue physician surveys**

1) Started in 2012, physician surveys, co-sponsored by saskdocs and the Saskatchewan Medical Association (SMA) continued in 2014-15. Settlement surveys are sent out three times each year to newly recruited physicians. The objective of these surveys is to gain a better understanding of where each candidate lived and worked before coming to Saskatchewan, but more importantly how long they intend to stay. Answers from the 2014 survey respondents shows that only 10 per cent indicated a short term commitment (1-2 years), while 29 per cent indicated they plan to stay here 3-5 years and more than 40 per cent don't anticipate moving from Saskatchewan (as illustrated in Figure 2).

Figure 2


2014 Physician Settlement Survey Results
Less than a year 5%
1-2 years 10%
3-5 years 29%
6-10 years 9%
10+ years 7%
I don't anticipate moving from SK 40%

Source: saskdocs-SMA 2014 Physician Settlement Surveys

2) The University of Saskatchewan (U of S) medical learner surveys were sent to individuals each year for 2012, 2013 and 2014. The surveys explored career intentions of U of S medical graduates. The combined results show that 82 per cent plan to stay and practice medicine in this province; 90 per cent of respondents said being part of a larger, group practice is an important factor in deciding where to practice; and, 45 per cent indicated that work-life balance was also an important factor in their future decisions.

   Now that the saskdocs/SMA original survey contract is complete, the two organizations are coordinating funding to continue them in the following fiscal year.

**Action 2.8 – Develop a centralized website to share information**

1) Following a debrief of the physician settlement pilot, stakeholders will determine what resources should be posted online to support others with physician settlement.

**Action 2.9 - Develop a physician resource guide**

1) There has been some progress on this action item in the current fiscal year. It is anticipated that the guide will be completed and shared with newly arriving physicians in the 2015-16 fiscal year.

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***A3 #3: Building Upon Our Relationship With the University of Saskatchewan's College of Medicine***

The U of S is home to the province's only College of Medicine. While based out of Saskatoon, the U of S also occupies several locations throughout the province that support the Distributed Medical Education Model, which ensures medical trainees have access to training in hospitals and clinics outside of Regina and Saskatoon. This rural exposure not only provides better training opportunities for the physicians, but it also allows greater access to the program for medical students and residents who have family or personal commitments and connections to locations outside of the province's two largest centres.

saskdocs has a particularly strong relationship with the U of S College of Medicine and supports the model. It coordinates the planning and delivery of the Physician Recruitment Agency of Saskatchewan's Rural Externship Program (PREP) in close partnership with the College, SMA and health regions; it presents to professional units throughout the College at academic half-days providing recruiters an opportunity to tell residents about available vacancies; it co-hosts career development events in conjunction with the College and other provincial partners; and, it collaborates on communication projects with the College's Communications branch on a regular basis.

The Agency improved its constructive relationship with the College of Medicine through the following action items over the past fiscal year.

**Action 3.1 – Work with the U of S College of Medicine to influence recruitment and retention of local medical graduates**

1) Several saskdocs staff members connect regularly with students

residents at the U of S via career day presentations, career fairs and academic half-day presentations to ensure they are aware of the opportunities, programs and services available to them in Saskatchewan.

2) In conjunction with the Saskatchewan Medical Association, saskdocs is committed to facilitate dialogue sessions with Ministry officials and the Ministers of Health to discuss relevant issues.

**Action 3.2 – Establish relationships with College department heads**

1) saskdocs' CEO and staff recruiters work closely with the Dean of Medicine, Associate Deans and Department heads to ensure the recruitment and retention strategies, specific to U of S medical graduates, are being used to their full advantage.

**Action 3.3 – Work with U of S College of Medicine to improve the recruitment and retention of U of S medical graduates**

1) Co-hosting career fairs, in conjunction with a family medicine program resident retreat. These career fairs present the Agency, regional recruiters and private practices with an opportunity to engage face-to-face with medical residents and network with employers and colleagues.

2) The Agency profiles U of S graduates who have decided to stay and practice medicine in Saskatchewan in e-newsletters, on social media channels and on the Agency's web site. These profiles not only highlight the physician, but also the community they are practicing in, the health region in which they're located and the benefits of practicing medicine in Saskatchewan.

3) The Agency administers the Rural Physician Incentive Program (RPIP), a bursary program that can give up to $120,000 over five years to medical residents who recently graduated and have decided to live and work in rural Saskatchewan. Since the program began in 2013, 17 physicians have received funding totaling more than $329, 000.

**Action 3.4 – Promote rural experiences for undergraduate medical students**

1) The Agency works closely with the College of Medicine, SMA, Northern Medical Services (NMS), health regions and communities to deliver PREP. This rural experience program allows U of S medical students between their second and third years of study to shadow a practicing physician in a rural or remote location. Feedback on the program has been very positive. Since the Agency began administering the program with its partners in 2011, a total of 114 U of S medical students have been placed in rural and remote communities throughout the province. These experiences not only allowed them to experience rural medicine but also gave volunteers an opportunity to showcase their community. There were 40 participants in the 2014 program.

2) The Agency participates in the SMA's Rural Roadmap Tour. This regular event takes medical students and residents to communities and medical practices throughout the

province on a regular basis. Each trip is designed to give students a chance to engage with physicians already practicing in rural communities, to see first-hand what it is like to live and work in some of these locations and to experience some of each community's amenities.

**Action 3.5 – Encourage Canadian medical students to match to U of S via CaRMS**

1) Over the past year, the Agency met with medical students from across Canada to tell them more about the U of S College of Medicine and encouraged them to apply to the program through the Canadian Residency Matching Service, more commonly referred to as CaRMS. Recruiters connected with these individuals by attending national forums and career fairs, some of which include:
    - Marskell Health Careers Interaction Fairs. These fairs occur throughout the year and are held in various locations throughout the country;
    - Private events with Canadian Medical Students Studying Abroad (CSAs) in attendance.

**Action 3.6 – Recruit U of S alumni to Saskatchewan**

1) The Agency hosted several informal events and communicated with U of S medical school alumni undertaking residency training in other provinces. The dialogue invited alumni to visit the saskdocs website and learn more about the opportunities available in Saskatchewan.

**Action 3.7 – Build on relationship with U of S College of Medicine career development office**

1) Agency staff members meet regularly with staff from the College's career development office to discuss collaborative ideas that allow both the office and Agency to assist medical students with their career planning.

**Action 3.8 – Expand online resources for U of S medical trainees**

1) In addition to regularly posting program information on the saskdocs.ca website, information on the PREP program is updated regularly, allowing students to download a fillable application form well in advance of the deadlines.
2) Online information is also available for residents applying for student loan interest relief, a program that the Agency administers on behalf of the province.

    The Agency will continue to update information on these programs and will explore opportunities to expand online support for U of S medical trainees in the next fiscal year.

**Action 3.9 – Foster engagement between Minister(s) of Health, Professional Association of Internes & Residents of Saskatchewan (PAIRS), Student Medical Society of Saskatchewan (SMSS)**

1) The Agency and the SMA worked together to connect medical students and residents with government. Representatives from PAIRS and the SMSS met with the Minister of Rural and Remote Health and Ministry officials to discuss a range of issues

specific to the recruitment and retention of U of S medical trainees.

2) Since the Agency was created, both PAIRS and the SMSS have been represented on its Board of Directors. These board positions give both organizations a voice at the Board level.

**Action 3.10 – Support and promote U of S College of Medicine's distributed medical education (DME) model**

1) The Agency promotes the many benefits of DME when it meets with medical students individually or at professional career events.

2) Agency host attend informal functions at all of the DME sites throughout the summer months in collaboration with Saskatchewan Medical Association representatives to welcome medical residents to North Battleford, Swift Current, Prince Albert, La Ronge, Moose Jaw and Regina.

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***A3 #4: Meeting the Needs of Saskatchewan's Physician Workforce***

Our overall retention of U of S medical graduates, while improving, is not optimal. Furthermore, work-life balance is a significant factor for new medical graduates when deciding on where to practice.

By increasing the number of practicing physicians in the province and improving retention rates, the physician needs, on a provincial scale, will become less demanding and work-life balance loads will improve.

Efforts to meet and improve the physician work force needs include progress on the following action items.

**Action 4.1 – Contacting every U of S medical student and resident to make them aware of the available opportunities**

1) CEO Dr. Dennis Kendel contacted medical residents who were about to complete their residencies (June 30, 2015) to ensure they have a career location chosen and are aware of the opportunities available to them here in Saskatchewan.

2) The Agency sends out automatic emails to each medical resident in its database about every career opportunity as it is posted. This automatic notification system ensures that those medical learners are not only made aware of the opportunity, but also have a chance to apply for it directly through the website.

3) Each career posting on the saskdocs website (Current Opportunities page) is promoted on the Agency's social media platforms on a daily basis.

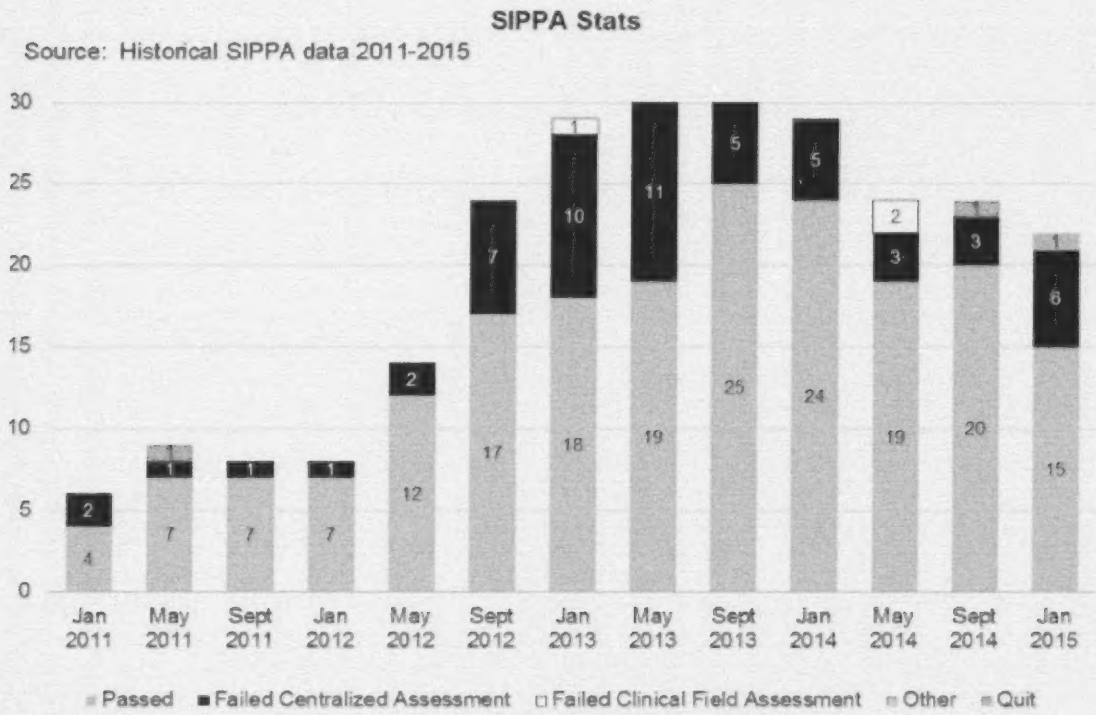
**Action 4.2 – Continue to recruit international medical graduates (IMGs)**

1) saskdocs and partnering health regions continue to attend international career fairs in the United Kingdom and United Arab Emirates. The two premiere events in these locations (British Medical Journal and Arab Health) attract physicians from Europe and the Middle East. Engaging with these physicians allows saskdocs and its partners to promote information on the Saskatchewan International Physician Practice Assessment (SIPPA).

The Agency, in close partnership

with the province's health regions, has been recruiting physicians through SIPPA since it was created in 2011. There has been a noticeable increase over the past three years on the number of internationally trained physicians already residing within Canada applying through the program. Since the program began, more than 190 new family physicians have completed the assessment and are now practicing medicine in Saskatchewan as illustrated in Figure 3.

Figure 3




**Action 4.3 – Develop a recruitment plan for high-need specialties as identified in the Physician Resource Plan (PRP)**

1) This action item will be further developed and defined in the next fiscal year.

**Action 4.4 – Continue to recruit Canadian medical graduates (CMGs)**

1) Throughout the fall and winter of 2014-2015, saskdocs staff attended medical career fairs in different parts of the country to let physicians and their families know about the opportunities in Saskatchewan. In conjunction with these career fairs, staff also organized informal, invitational dinners with U of S medical school alumni completing their medical education in other parts of Canada. These informal events give the agency an opportunity to reach out to potential recruits who may not have been aware of the

opportunities here. These CMG dinners were held in Vancouver, Calgary, Edmonton, Winnipeg, Montreal, Ottawa, and Halifax.

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### *A3 #5: Communicate Effectively With All of Our Stakeholders*

The 2014-15 fiscal year was the first full year in which the Agency operated two business lines with two different brands (saskdocs & HCIS). As a result, communication activity in the physician stream continued as it was laid out in the 2014-15 strategic communications plan. The ongoing communication specific to physicians showed a continued interest in our activity on progress toward our goals and objectives from key stakeholders, the public and media.

Communications activity within the organization is summarized into one A3, but has several distinct and measurable action items. Each action item and the progress the Agency has made toward it are listed in the following pages in action items 5.1 – 5.5.

**Action 5.1 – Increase collaborative communication activities with key stakeholders**

1) Staff worked closely with colleagues from the SMA, U of S College of Medicine, Ministry of Health and health regions to deliver newsletter articles, online content and news releases that profile individual physicians who are practicing medicine in various locations throughout the province.
2) Communicate within the health system by sharing knowledge and information on ways to improve communication activities.
3) Many communication activities outlined in the 2014-15 strategic communications plan are collaborative projects that received the advice and input of many stakeholders before they were implemented. The plan's actions resulted in the Agency issuing 32 news releases throughout the year on physician recruitment and retention, each of them containing quotes and information from some or all of the partners involved.

**Action 5.2 – Work with U of S College of Medicine to profile retention of U of S medical graduates**

1) The Agency works closely with physician recruiters and the College of Medicine to profile recent medical graduates that are now practicing medicine in Saskatchewan. With particular attention paid to family physicians in rural or remote areas of the province, this initiative has proven to be quite successful as both organizations have used the profiles to share through their own, individual communication channels. This collaborative initiative will continue into the next fiscal year.

**Action 5.3 – Profile successful employer-physician matches**

1) A number of IMGs and CMGs have landed career opportunities in various locations throughout the province. Further to Action Item 5.2, these successful placements and locations were profiled on the Agency's and partner organization websites, in newsletter stories and through various social media channels.

**Action 5.4 – Profile provincial physicians**

1) Specifics around this action item continue to be developed. The intent is to profile well established, practicing physicians, their practices and their communities so that others can read about the many talented physicians we have as part of the provincial health workforce here in Saskatchewan.

   This action item will be carried forward to the 2015-16 fiscal year.

**Action 5.5 – Increase the presence and profile of the HCIS brand**

1) Communications worked closely with health workforce recruiters, health regions, professional associations and other partners to maintain a brand presence for HCIS. This included promoting Saskatchewan's attendance at career fairs throughout the country to seek out nurses, nurse practitioners, therapists, medical sonographers and other professionals that are hard-to-recruit across Canada.

2) This sustained presence at these career fairs and increased collaborative capacity to have staff attend each career fair has led to an increased brand exposure for HCIS. Promotional material display stands and promotional literature all contain information and images specific to Saskatchewan. These have all contributed to this increased exposure.

3) A new HCIS website and automated candidate tracking system was fully operational in the 2014-15 fiscal year. This integrated online approach to health recruitment allows candidates to not only create a personal profile where they can be notified immediately of any new career opportunities, it also provides a place where employers can post information specific to an incentive, opportunity, community or program.

4) New this year was the roll out of a quarterly HCIS e-newsletter that profiles health care employees and professions throughout the province, as well as information specific to the activities and professions that we are recruiting for. This continued presence of HCIS specific material also improved the HCIS brand presence throughout the province and country.

**Management Report**

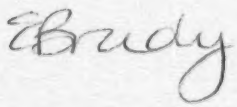
The accompanying financial statements are the responsibility of management and have been approved in principle by the Physician Recruitment Agency of Saskatchewan's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgements. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Her examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow her to report on the fairness of the financial statements. The Auditor's Report outlines the scope of her audit and opinion.

On behalf of management,



Erin Brady
Director

Dr. Dennis Kendel
Chief Executive Officer

July 14, 2015

**PHYSICIAN RECRUITMENT AGENCY OF SASKATCHEWAN**

**FINANCIAL STATEMENTS**

**For the year ended March 31, 2015**

PROVINCIAL AUDITOR
*of Saskatchewan*

## INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Physician Recruitment Agency of Saskatchewan, which comprise the statement of financial position as at March 31, 2015, and the statements of operations and accumulated surplus, changes in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

*Opinion*

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Physician Recruitment Agency of Saskatchewan as at March 31, 2015, and the results of its operations, changes in net financial assets and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Judy Ferguson

Regina, Saskatchewan
July 14, 2015

Judy Ferguson, FCPA, FCA
Provincial Auditor

1500 Chateau Tower - 1920 Broad Street Regina, Saskatchewan S4P 3V2
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*www.auditor.sk.ca*

Statement 1

**Physician Recruitment Agency of Saskatchewan**
**Statement of Financial Position**
**As at March 31**

| | 2015 | 2014 |
|---|---|---|
| **Financial Assets** | | |
| Due from the General Revenue Fund (Note 3) | $ 1,935,585 | $ 1,958,640 |
| Accounts Receivable | 10,761 | 17,408 |
| | 1,946,346 | 1,976,048 |
| **Liabilities** | | |
| Accounts Payable | 83,277 | 165,050 |
| Accrued Liabilities | 36,016 | 33,100 |
| | 119,293 | 198,150 |
| **Net Financial Assets** (Statement 3) | 1,827,053 | 1,777,898 |
| **Non-Financial Assets** | | |
| Tangible Capital Assets (Note 4) | 189,745 | 186,179 |
| Prepaid expenses (Note 5) | 43,804 | 34,149 |
| | 233,549 | 220,328 |
| **Accumulated Surplus** (Statement 2) | $ 2,060,602 | $ 1,998,226 |

**(See accompanying notes)**

Statement 2

**Physician Recruitment Agency of Saskatchewan**
**Statement of Operations and Accumulated Surplus**
**For the year ended March 31**

| | 2015 Budget (Note 9) | 2015 | 2014 |
|---|---|---|---|
| **Revenue** | | | |
| Ministry of Health - General Revenue Fund | | | |
| Operating Grant | $ 1,500,000 | $ 1,500,000 | $ 750,000 |
| Program Grant (Note 6) | - | 1,216,613 | 722,230 |
| Interest Revenue | 30,000 | 21,904 | 18,971 |
| Miscellaneous Revenue | | 12,052 | 1,475 |
| | 1,530,000 | 2,750,569 | 1,492,676 |
| **Expenses** | | | |
| Corporate Services | | | |
| Salaries and Benefits | 1,381,564 | 1,196,928 | 1,116,082 |
| Accomodations | 118,473 | 141,164 | 112,179 |
| Office Equipment and Supplies | 100,723 | 124,949 | 86,764 |
| Other | 96,888 | 66,049 | 51,297 |
| Board | 22,730 | 11,473 | 12,085 |
| Program | 584,965 | 308,357 | 345,235 |
| Communications | 292,983 | 161,756 | 144,627 |
| Private Recruitment Agency | - | - | 53,900 |
| Grant Programs | - | 647,474 | 534,189 |
| Amortization | 20,178 | 30,043 | 25,985 |
| | 2,618,504 | 2,688,193 | 2,482,343 |
| **Net Surplus/(Net Deficit)** | $ (1,088,504) | 62,376 | (989,667) |
| Accumulated Surplus, beginning of year | | 1,998,226 | 2,987,893 |
| **Accumulated Surplus, end of year** (Statement 1) | | $ 2,060,602 | $ 1,998,226 |

**(See accompanying notes)**

Statement 3

**Physician Recruitment Agency of Saskatchewan**
**Statement of Change in Net Financial Assets**
**For the year ended March 31**

| | 2015 | 2014 |
|---|---|---|
| **Net Surplus/(Net Deficit)** | $ 62,376 | $ (989,667) |
| Acquisition of Tangible Capital Assets | (33,609) | (46,437) |
| Amortization of Tangible Capital Assets | 30,043 | 25,985 |
| Change in prepaid expenses | (9,655) | 13,974 |
| **Increase/(Decrease) in Net Financial Assets** | 49,155 | (996,145) |
| Net Financial Assets, beginning of year | 1,777,898 | 2,774,043 |
| **Net Financial Assets, end of year (Statement 1)** | $ 1,827,053 | $ 1,777,898 |

**(See accompanying notes)**

Statement 4

**Physician Recruitment Agency of Saskatchewan**
**Statement of Cash Flows**
**For the year ended March 31**

| | 2015 | 2014 |
|---|---|---|
| **Cash Flows from Operating Activities:** | | |
| Net Surplus/(Net Deficit) | $ 62,376 | $ (989,667) |
| Add: Non-Cash Items | | |
| Amortization | 30,043 | 25,985 |
| Decrease in Accounts Receivable | 6,647 | 329,791 |
| (Increase)/Decrease in Prepaids | (9,655) | 13,974 |
| Increase in Accounts Payable and Accrued Liabilities | (78,857) | 5,424 |
| Net cash used by operating activities | 10,554 | (614,493) |
| **Cash Flows from Capital Activities:** | | |
| Purchase of Capital Assets | (33,609) | (46,437) |
| **Decrease in Due from General Revenue Fund** | (23,055) | (660,930) |
| Due from the General Revenue Fund, beginning of year | 1,958,640 | 2,619,570 |
| **Due from the General Revenue Fund, end of year** | $ 1,935,585 | $ 1,958,640 |

**(See accompanying notes)**

**Physician Recruitment Agency of Saskatchewan**
**Notes to the Financial Statements**
**For the year ended March 31, 2015**

## 1. Description of Business

The Physician Recruitment Agency of Saskatchewan (the Agency) was established as a Treasury Board Crown Corporation by Order in Council 84/2010 under the provisions of *the Crown Corporation Act, 1993* (Act).

## 2. Significant Accounting Policies

Pursuant to standards established by the Canadian Public Sector Accounting Board, the Agency is classified as another government organization. The Agency uses Canadian Public Sector Accounting Standards published by the Chartered Professional Accountants of Canada. These statements do not include a statement of remeasurement gains and losses as there are no relevant transactions to report. The following principles are considered to be significant:

a. The Basis of Accounting
The financial statements are prepared on the accrual basis of accounting.

b. Grant Revenue
Grant Revenues recognized in the financial statements in the period in which the grants are authorized, eligibility criteria are met, and reasonable estimates of the amount can be made.

c. Expenses
Expenses represent the cost of resources consumed during the year for operations. Expenses include provision for the amortization of tangible capital assets.

d. Tangible Capital Assets
Tangible Capital Assets are recorded at cost and are amortized over their useful life. Beginning in the year the asset is placed into service, amortization is recorded on a straight line basis using the rates set out below.

| Capital Asset Class and Category | Threshold | Estimated useful Life |
|---|---|---|
| Leasehold and occupancy improvements | $5,000 | lesser of useful life or lease term/occupancy arrangement |
| System development (IT) | $5,000 | 10% |
| Computer hardware | $1,000 | 20% |
| Computer software | $1,000 | 20% |
| Office furniture and equipment | $1,000 | 10% |

e. Non-financial Assets
Tangible capital and other non-financial assets are accounted for as assets if they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

f. Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expense during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in the Statement of Operations in the period in which they become known.

## 3. Due from the General Revenue Fund

The Agency's bank account is included in the Consolidated Offset Bank Concentration arrangement for the Government of Saskatchewan. Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Agency's bank account using the Government's thirty-day borrowing rate and the Agency's average daily account balance. In 2014-15 the average interest rate was 0.92% (2013-14 was 1.02%).

## 4. Tangible Capital Assets

| | Computer software | Furniture and equipment | System development | 2015 Totals | 2014 Totals |
|---|---|---|---|---|---|
| Opening cost | $1,465 | $10,740 | $228,574 | $240,779 | $194,342 |
| Additions during the year | - | 5,751 | $27,858 | 33,609 | 46,437 |
| Disposals during the year | - | - | - | - | - |
| Closing cost | 1,465 | 16,491 | 256,432 | 274,388 | 240,779 |
| Opening accumulated amortization | 1,172 | 3,189 | 50,239 | 54,600 | 28,615 |
| Amortization during the year | 293 | 1,649 | 28,101 | 30,043 | 25,985 |
| Disposals during the year | - | - | - | - | - |
| Closing accumulated amortization | 1,465 | 4,838 | 78,340 | 84,643 | 54,600 |
| Net book value of tangible capital assets | - | $11,653 | $178,092 | $189,745 | $186,179 |

## 5. Prepaid Expenses

Prepaid expenses are primarily related to future participation at conferences and career fairs in 2015-16.

## 6. Related Parties

These financial statements include routine transactions with related parties. The Agency is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions for the year ended March 31, 2015, include the following:

| | 2015 | 2014 |
|---|---|---|
| **Revenue** | | |
| Ministry of Health – Grant and Reimbursement | 2,716,613 | 1,472,231 |
| Ministry of Finance – Interest | 21,904 | 18,971 |
| **Expenses** | | |
| Ministry of Finance – Pension and Benefits | 176,117 | 178,492 |
| Ministry of Central Services | 66,569 | 63,606 |
| SaskTel | 16,845 | 18,696 |
| University of Saskatchewan | 12,770 | 9,310 |
| Saskatchewan Polytechnic | 27,600 | - |
| **Payables** | | |
| Ministry of Finance – Pension and Benefits | 41,284 | 51,352 |
| **Receivables** | | |
| Ministry of Health – General Revenue Fund | 4,592 | 17,408 |

The Public Service Commission provides payroll services at no costs.

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, the Agency pays Provincial Sales Tax to the Ministry of Finance on all its taxable purchases.

## 7. Program Grants

Program Grants relate to funding to support three programs:

- The Rural Physician Incentive Program provides grants of $120,000 over five years to recent medical graduates practicing in rural and remote communities
- The Medical Resident Interest Reimbursement Program provides grants to University of Saskatchewan medical residents to offset the interest costs on government student loans during residency
- HealthCareersInSaskatchewan portfolio management program provides grants for the recruitment of the non-physician healthcare workforce

## 8. Financial Instruments

The Agency's financial instruments include: due from the general revenue fund, accounts receivable, accounts payable, and accrued liabilities. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant terms and conditions
There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

b) Interest rate risk
The Agency is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. The Agency does not have any long-term investments that may be affected by market pressures.

The Agency's receivables and payables are non-interest bearing.

c) Credit risk
The Agency is exposed to credit risk from potential non-payment of accounts receivable. The Agency's receivables are mostly from the provincial government; therefore, the credit risk is minimal.

d) Fair Value
For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

- Due from General Revenue Fund
- Accounts receivable
- Accounts payable
- Accrued liabilities

## 9. Budget Approval

The Agency's budget was approved by its Board of Directors.

## 10. Pension Plan

The Agency's employees participate in the Public Employees Pension Plan, a defined contribution pension plan. Members contributed 5% of salary and the employer contributed 7.5% in 2014-15 (7.25% in 2013-14). The Agency's contribution for this fiscal year was $65,171 ($66,137 in 2013-14). The Agency's obligation relative to the pension plan is limited to making the required contributions.

## 11. Contractual Obligations

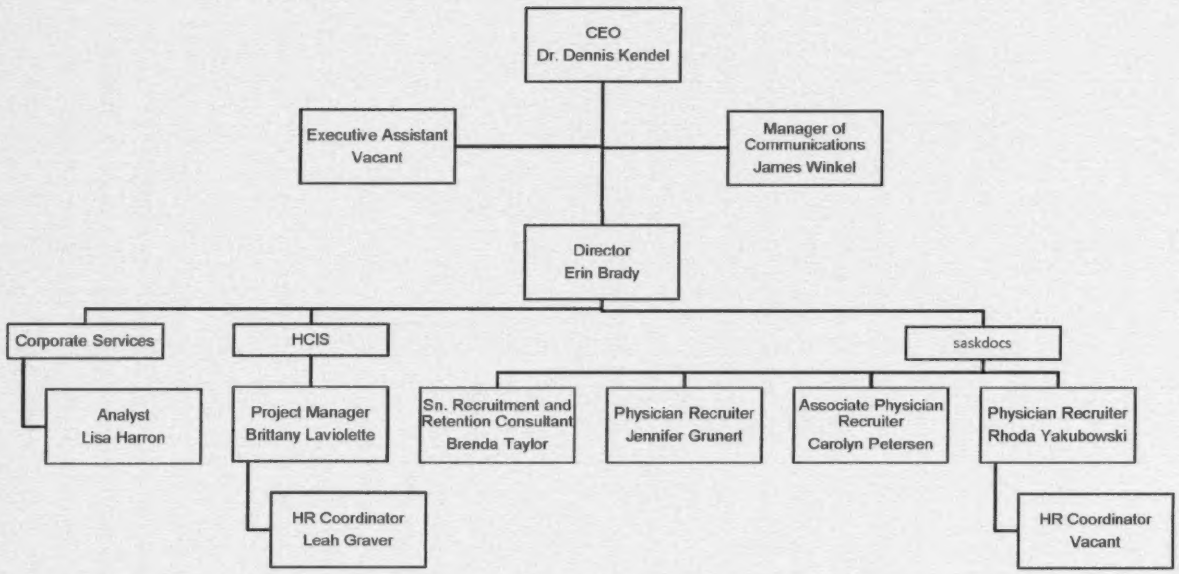
The Agency has a lease agreement with Discovery Plaza Inc. Consulting for office space at a monthly rate of $9,142 until October 31, 2015, $9,463 to October 31, 2017 and $9,783 until October 31, 2019.

The Agency has agreed with Saskatchewan Polytechnic to sponsor business and industry dinners, career fairs, advertisements and awards promoting health careers in Saskatchewan for $26,000 in each of 2015-16 and 2016-17.

## 12. Comparative Figures

Certain prior year figures have been reclassified to conform with the current year presentation.

# Appendix A


CEO
Dr. Dennis Kendel
Executive Assistant
Vacant
Manager of Communications
James Winkel
Director
Erin Brady
Corporate Services
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Analyst
Lisa Harron
Project Manager
Brittany Laviolette
Sn. Recruitment and Retention Consultant
Brenda Taylor
Physician Recruiter
Jennifer Grunert
Associate Physician Recruiter
Carolyn Petersen
Physician Recruiter
Rhoda Yakubowski
HR Coordinator
Leah Graver
HR Coordinator
Vacant

## For More Information

Electronic copies of this annual report are available for download from the Agency's website (www.saskdocs.ca) or by contacting the Physician Recruitment Agency of Saskatchewan (saskdocs) directly at the address below.

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